

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	705205	2-10-00
O.I.P.E. CLASSIFIER		79	2-24-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	W.B.	705205	4-5

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	3/10/00
2	3/10/00
3	3/10/00
4	3/10/00
5	3/10/00
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41	3/10/00
42	3/10/00
43	3/10/00
44	3/10/00
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47	3/10/00
48	3/10/00
49	3/10/00
50	3/10/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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